

<b>CLAIMS ONLY</b>							Application Number <b>10/623,869</b>		Filing Date
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/		/		/				
2		/		/		/			
3		/		/		/			
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49		/		/		/			
50		/		/		/			
Total Indep	1		1		1				
Total Depend	2		2		7				
Total Claims	3		3		8				
51									
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments

**BEST AVAILABLE COPY**